

Substance Abuse Services Division
ASAIS Conference Call
May 12, 2006

Minutes

- On May 12, 2006, the eighth Substance Abuse Services Division's Alabama Substance Abuse Information System (ASAIS) conference call was held. The call began at 10 am and hosted approximately forty provider organizations, most with multiple staff participating.
- Agenda Item # 1 - Introductions: Mr. Vilamaa, the Project Director for ASAIS welcomed and thanked the providers for joining the 8th ASAIS conference call. All updated information is now being posted on the Department's webpage. Mr. Vilamaa asked providers to introduce themselves. The following organizations were identified. We apologize if any were omitted.

CED Mental Health Center
Cahaba Mental Health Center
Chemical Addictions Program
Anniston Fellowship House
Chilton Shelby Mental Health Center
Wiregrass Mental Health Center
Mobile Mental Health Center
The Bridge, Inc.
East Central MHC
Baldwin County MHC
Madison County MHC
Gateway Services
Aletheia House, Inc.
Birmingham Fellowship House
Northwest MHC
Lighthouse Counseling Center
Riverbend Center for MH
UAB
Cheaha MHC
North Central AL MHC
Phoenix House
Becky Novak

- Staff participation included:

Mr. Kris Vilamaa
Ms. Sarah Harkless
Ms. Lynn Frost
Ms. Crystal Jackson

Ms. Delores Bynum
Ms. Stephanie McCladdie
Mr. Brandon Folks
Ms. Natasha Wyman
Mr. Michael Johnson

➤ Agenda Item # 2 – ASAIS Update:

- a. Provider Site visits: Continuing. There are still a few more to schedule. You should be hearing from Mr. Vilamaa soon. The timeframe will be to finish site visits by the end of May. Four visits were completed this week and there are three scheduled for next week. This has been a valuable process and we want to make sure that everyone who requested a site visit receives one.
- b. Forms Review: We are still seeking comment on the screening forms and the data forms. The screening forms and the data elements should be finalized soon. There have been comments about the order on the assessment form and there will be a couple of things changed. The reason for discharge should have options attached to it rather than being an open text box. There will be set options for the reason for discharge.

We are looking for feedback on the data conversion. We have pulled all the client information that was in SASUDS as of May 1st. These clients have been pulled into another data base to begin assigning a unique ID number. One of the problems that is being dealt with is how many clients will the providers want to remain open when the transfer goes to Harmony. We are looking for feedback on what a reasonable amount of time would be. Is it reasonable to leave open all clients whose records have been updated in the last 2 months? 3 months? 6 months? It looks like we will be bringing over all the clients from SASUDS into Harmony for the historical data to be available.

- c. Timeline: We are still on target for October 1st. We anticipate confirming the system setup with Harmony in two weeks. Testing will begin the first week in June.

➤ Agenda Item # 4 – Questions:

Questions submitted from the provider visits:

- 1) Will we accommodate span billing for methadone when submitting claims, or will we submit 1 line item per day?

Our plan is to have the option available to enter the claim either way in Two-Part Harmony. However, if you are submitting an 837, we will require 1 line item per day, the same as EDS.

- 2) How will the ID number come back? Will it show if the client is open to another provider? Will it show if client has current Medicaid?
We are working on mechanisms to notify providers of the ID number. The client will show up as a new client in Two-Part Harmony and the user will be alerted, but we are looking at other mechanisms of notification.

Once you have been linked to the client and received the ID number, you will be able to see all information about that client, including what other programs they are open to.

If they are an existing client who has been in the system for more than a week, than yes, it will show their current Medicaid eligibility.

- 3) Will there be a standardized assessment?

Ms. Harkless reported that we are proceeding with a plan to have a standardized assessment. Mr. Gerald Shulman is a consultant that is helping with that task and has been working with some of the providers. We are looking for a tool that can be used to help providers determine an adequate assessment for level of care. Yes, a standardized assessment will be required and should be completed by the end of June.

- 4) What about clients who finish residential, are on the wait list for rehab, refuse rehab and go to IOP?

All of those circumstances can be accommodated within ASAIS. The provider would need to update the client's "Assessed Level of Care" to rehab and "Placed Level of Care" to IOP, with the reason for difference being "Client discretion".

- 5) Will providers have to strictly follow order on waiting list?

Providers will still maintain clinical discretion.

- 6) What will the impact be for an assessment done for an MI client or an SA assessment that is done by another center. Is the State going to pay for an SA assessment on those clients?

Ms. Harkless reported that there is a limit of one SA assessment per year. Currently there is a limit of two assessment updates per year. The limit will remain for an initial assessment but updates will be allowed through the individual counseling line item as needed in regard to the client.

- 7) If a client leaves detox and appears at someone else's door, will that provider be able to enter the client into a level of care if they haven't been discharged by the preceding provider?

Yes, the client will remain open to the other provider at the detox level of care and will need to have a discharge summary completed within 90 days (under the current standards). A client can be open to two different providers with two different levels of care at the same time.

- 8) Will all client SUDS data (clinical and demographic) be converted into ASAIS or just the state ID numbers?

We are still finalizing the details of data conversion, but we are currently assigning unique identifiers to all clients who were in the SUDS database as of May 1st. We believe that we will be converting all of the current SUDS client information into Harmony.

Questions submitted from the provider call:

- 1) On the assessment summary form there is a couple of line items regarding co-occurring screening and co-occurring assessment. Will there be a separate screening for co-occurring clients?

Ms. Harkless wants every client as part of the assessment to be screened for co-occurring disorders. If the screening reveals there is a possibility of a co-occurring disorder we want the client to be assessed for co-occurring disorder. This will all be a part of the standardized assessment that is being developed.

- 2) How will this be billed for those clients that have co-occurring disorders?

As we develop our service descriptions we are developing services for individuals with co-occurring disorders. Those clients that are diagnosed as co-occurring will have a different rate of pay for MI and SA.

- 3) What is the level of progress between ASAIS and the CMHC Netsmart Users?

There will be accommodation for the forms in a fax format at go-live. We are continuing to work on the data transfer. We cannot move forward of that until the elements are finalized. Mr. Vilamaa does not see a big technical issue in getting this done. There has been very good communications with Netsmart concerning the needs of the system.

- 4) A few conference calls ago the issue was discussed regarding Medicaid qualified staff. At the time you stated that a bachelor level counselor who did not have the two years of supervised SA clinical experience could still provide and bill for Medicaid services if they receive the two hours of face-to-face documented supervision per month as well as two hours of on-going case development documented supervision per month from an individual who holds at least a master's degree in a mental health discipline (SA Standards 3109).

This exception cannot be found in the Medicaid Standard. Has Medicaid given SASD an assurance, preferable in writing, that they will allow this exception for supervision?

Ms. Harkless commented that in regard to the information being in the standard please refer to page 4 of the Medicaid Standards. These standards lists the qualification for a SA rehab option staff. On the two primary service codes that are billed by the

substance abuse providers that the standards are exactly the same that are in the SA standards manual. Ms. Harkless noted that 93% of the Medicaid claims that are filed by our providers are filed under two services 1) methadone and 2) IOP. There is seven percent of services where the language is not as clear but it will be clear. The Medicaid service standards have suffered from a lack of maintenance. There have been changes in the substance abuse standards that were not transferred to the Medicaid standards. There will be maintenance done with the standards.

5) What is the status of the prevention planning guidelines?

Ms. McCladdie is scheduling a meeting for Thursday, May 25th. We will be mailing the planning guidelines as well as the draft prevention standards. Questions will be taken and discussion will take place in regard to issues pertaining to prevention. Mr. Vilamaa will also be available to give an AS AIS update on the prevention teleforms.

6) How will it be determined how many user licenses are needed?

This is being determined with each individual provider during the site visits. It is determined with the functions. Our commitment has been to accommodate what it takes to complete the requirements for AS AIS.

➤ Agenda Item # 5 Announcements: none

The next conference call is scheduled for Friday, May 26, 2006 at 10 am. To participate please dial 1-888-776-3766. You will be prompted for a meeting room number, which is *2626217*. The star key (*) must be entered before and after entry of the numbers. Please make your call at least five (5) minutes before the start of each meeting.